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Substitute for form 1448/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

**Complete if Known**

Application Number	10823198
Filing Date	
First Named Inventor	Bruce Saltzburg
Art Unit	
Examiner Name	
Attorney Docket Number	24011

Sheet		of
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## U. S. PATENT DOCUMENTS

[illegible]

**FOREIGN PATENT DOCUMENTS**

[illegible]

**Examiner  
Signature**

<b>Data Considered</b>	<p>1. All data from the 1990-1991 season were included in the analysis.</p> <p>2. Data from the 1991-1992 season were included in the analysis for the following variables:</p> <ul style="list-style-type: none"> <li>• <b>Age:</b> 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85-94, 95-104</li> <li>• <b>Gender:</b> Male, Female</li> <li>• <b>Ethnicity:</b> White, Black, Hispanic, Asian, Other</li> <li>• <b>Religion:</b> Protestant, Catholic, Jewish, Muslim, Other</li> <li>• <b>Marital Status:</b> Single, Married, Divorced, Widowed</li> <li>• <b>Education:</b> High School, College, Graduate School</li> <li>• <b>Income:</b> \$0-\$10,000, \$10,000-\$20,000, \$20,000-\$30,000, \$30,000-\$40,000, \$40,000-\$50,000, \$50,000-\$60,000, \$60,000-\$70,000, \$70,000-\$80,000, \$80,000-\$90,000, \$90,000-\$100,000, \$100,000+</li> <li>• <b>Occupation:</b> Unemployed, Part-time, Full-time</li> <li>• <b>Health Status:</b> Excellent, Very Good, Good, Fair, Poor</li> <li>• <b>Smoking Status:</b> Never, Former, Current</li> <li>• <b>Alcohol Consumption:</b> None, Occasional, Regular</li> <li>• <b>Exercise Frequency:</b> None, 1-2 times/week, 3-4 times/week, 5-6 times/week, 7-8 times/week, 9-10 times/week, 11-12 times/week, 13-14 times/week, 15-16 times/week, 17-18 times/week, 19-20 times/week, 21-22 times/week, 23-24 times/week, 25-26 times/week, 27-28 times/week, 29-30 times/week, 31-32 times/week, 33-34 times/week, 35-36 times/week, 37-38 times/week, 39-40 times/week, 41-42 times/week, 43-44 times/week, 45-46 times/week, 47-48 times/week, 49-50 times/week, 51-52 times/week, 53-54 times/week, 55-56 times/week, 57-58 times/week, 59-60 times/week, 61-62 times/week, 63-64 times/week, 65-66 times/week, 67-68 times/week, 69-70 times/week, 71-72 times/week, 73-74 times/week, 75-76 times/week, 77-78 times/week, 79-80 times/week, 81-82 times/week, 83-84 times/week, 85-86 times/week, 87-88 times/week, 89-90 times/week, 91-92 times/week, 93-94 times/week, 95-96 times/week, 97-98 times/week, 99-100 times/week</li> <li>• <b>Stress Level:</b> Low, Moderate, High</li> <li>• <b>Sleeping Pattern:</b> Normal, Irregular</li> <li>• <b>Dietary Habits:</b> Healthy, Unhealthy</li> <li>• <b>Family Size:</b> 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80, 81-82, 83-84, 85-86, 87-88, 89-90, 91-92, 93-94, 95-96, 97-98, 99-100</li> <li>• <b>Travel Frequency:</b> None, 1-2 times/month, 3-4 times/month, 5-6 times/month, 7-8 times/month, 9-10 times/month, 11-12 times/month, 13-14 times/month, 15-16 times/month, 17-18 times/month, 19-20 times/month, 21-22 times/month, 23-24 times/month, 25-26 times/month, 27-28 times/month, 29-30 times/month, 31-32 times/month, 33-34 times/month, 35-36 times/month, 37-38 times/month, 39-40 times/month, 41-42 times/month, 43-44 times/month, 45-46 times/month, 47-48 times/month, 49-50 times/month, 51-52 times/month, 53-54 times/month, 55-56 times/month, 57-58 times/month, 59-60 times/month, 61-62 times/month, 63-64 times/month, 65-66 times/month, 67-68 times/month, 69-70 times/month, 71-72 times/month, 73-74 times/month, 75-76 times/month, 77-78 times/month, 79-80 times/month, 81-82 times/month, 83-84 times/month, 85-86 times/month, 87-88 times/month, 89-90 times/month, 91-92 times/month, 93-94 times/month, 95-96 times/month, 97-98 times/month, 99-100 times/month</li> <li>• <b>Work-Life Balance:</b> Good, Fair, Poor</li> <li>• <b>Life Satisfaction:</b> High, Moderate, Low</li> <li>• <b>Overall Health:</b> Excellent, Very Good, Good, Fair, Poor</li> </ul>
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12/23/04

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 808. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. \*Applicant's unique citation designation number (optional). \*See Kinda Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 801.04. \*Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). \*For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. \*Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. \*Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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				Art Unit	
				Examiner Name	
Sheet	1	of	5	Attorney Docket Number	24011

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		Standard MR-185 Rack designed by Edsal Manufacturing Co., Inc., as seen in attached documents	
		Standard MR-245 Rack designed by Edsal Manufacturing Co., Inc., as seen in attached documents	
		Refer to page 9 of Catalog "Home-E-Quip" Consumer Products div. Edsal MFG. CO.	
		Refer to page 11 of Catalog "Home-E-Quip" Consumer Products div. Edsal MFG. CO.	

Examiner Signature		Date Considered	12/23/06
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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